DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SANDPOINT, CITY OF ADDRESS: 1123 LAKE STREET

SANDPOINT, ID 83864

FACILITY: CITY OF SANDPOINT - SAND CREEK WTP

LOCATION: 951 SCHWEITZER BASIN ROAD

SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUB. WORKS DIR.

Г	ID0024350		001-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY]	MM/DD/YYYY						
	03/01/2014	Ī	03/31/2014						

DMR Mailing ZIP CODE: 83864

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MINOR (SUBR 01)

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI E	NODI E				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI E	*****	NODI E				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI E	NODI E		*****	NODI E	NODI E				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	29 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	47245	77950		*****	****	*****	*****		Daily	METER
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	NODI E	NODI E		****	NODI E	NODI E				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.65 MO AVG	.65 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	• 1041101101	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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SANDPOINT, ID 83864

FACILITY: CITY OF SANDPOINT - SAND CREEK WTP

LOCATION: 951 SCHWEITZER BASIN ROAD

SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUB. WORKS DIR.

	ID0024350		001-A						
F	PERMIT NUMBER		DISCHARGE NUMBER						
T	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
	04/01/2014	1	04/30/2014						

DMR Mailing ZIP CODE: 83864

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MINOR (SUBR 01)

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.		0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	8				GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	****	*****	*****	*****	.66	.66			Monthly	GRAB
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.39	*****	7.68				GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.69	3.11		*****	4	4			Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	29 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	50793	93277		*****	*****	*****	*****		Daily	METER
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	.008	.031		****	.02	.04				GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.65 MO AVG	.65 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

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SANDPOINT, ID 83864

FACILITY: CITY OF SANDPOINT - SAND CREEK WTP

LOCATION: 951 SCHWEITZER BASIN ROAD

SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUB. WORKS DIR.

Г	ID0024350		001-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY]	MM/DD/YYYY						
	05/01/2014	1	05/31/2014						

DMR Mailing ZIP CODE: 83864

MINOR (SUBR 01)

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	12.6			Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	****	*****	*****	*****	1.23	1.23			Monthly	GRAB
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.76			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.63	2.67		*****	4	4			Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	29 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	48975	80035		*****	*****	*****	*****		Daily	METER
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	.006	.02		*****	.015	.03			Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.65 MO AVG	.65 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

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SANDPOINT, ID 83864

FACILITY: CITY OF SANDPOINT - SAND CREEK WTP

LOCATION: 951 SCHWEITZER BASIN ROAD

SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUB. WORKS DIR.

ID0024350	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	PRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83864

MINOR (SUBR 01)

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	14			Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	****	*****	*****	*****	.66	.66			Monthly	GRAB
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.99	*****	7.88			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.77	1.33		*****	2	2			Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	29 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	46273	79937		*****	*****	*****	*****		Daily	METER
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	.017	.04		*****	.045	.06			Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.65 MO AVG	.65 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

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TYPED OR PRINTED	• 1041101101	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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LOCATION: 951 SCHWEITZER BASIN ROAD

SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUB. WORKS DIR.

ID0024350	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							
07/01/2014	07/31/2014							

DMR Mailing ZIP CODE: 83864

MINOR

External Outfall

(SUBR 01)

No Discharge

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	17.5			Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	****	*****	*****	*****	.81	.81			Monthly	GRAB
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.4			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2.04	3.52		*****	5	5			Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	29 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	48838	84512		*****	*****	*****	*****		Daily	METER
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	.011	.035		*****	.026	.05			Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.65 MO AVG	.65 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

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ID0024350	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							
08/01/2014	08/31/2014							

DMR Mailing ZIP CODE: 83864

....g _... 005_..

MINOR (SUBR 01)

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	17.6			Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	****	.84	.84			Monthly	GRAB
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	7.04	*****	7.59			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.42	2.69		*****	4	4			Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	29 DAILY MX	lb/d	****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	42629	80536		****	*****	*****	*****		Daily	METER
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	.007	.027		****	.02	.04			Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.65 MO AVG	.65 DAILY MX	lb/d	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

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